## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # 177852 Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** THE BRADLEY COMPANY, INC. 03-27-2000 90066 046 \*\*\*150.00 Principal Place of Business Mailing Address 1426 48TH COURT 1426 48TH COURT VERO BEACH FL 32966 VERO BEACH FLA 32966-2341 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0725643 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRADLEY, JOHN W Street Address (P.O. Box Number is Not Acceptable) 1426 48TH CT VERO BEACH FL 32960 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 -Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE BRADLEY, JOHN W NAME NAME STREET ADDRESS 1426 48TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Change Addition Detete ~ TITLE 💳 D=- ~ TITLE BRADLEY, JAMES NAME STREET ADDRESS 1426 48TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL ☐ Change Addition Delete TITLE TITLE BRADLEY, MAJORIE NAME NAME 1426:48TH-COURT-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP VERO BEACH FL Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if